MEMPHIS SHELBY COUNTY HEALTH DEPARTMENT AIR POLLUTION CONTROL SECTION (MSCHD-APC)

NOT TO BE USED FOR TITLE V APPLICATIONS



814 Jefferson Ave Memphis, TN 38105 Telephone: (901) 544-7775 FAX: (901) 544-7310

MSCHD RECEIPT DATE

PRINTING SOURCE DESCRIPTION

PL	EASE TYPE OR PRINT	AND SUBM	IT IN DUPLICA	TE FOI	R EAC	CH PRINTER	. ATTACH TO	THE PERMI	T APPI	LICATION.		
1.	ORGANIZATION'S	LEGAL NAM	E:				MSCHD	MSCHD-APC FACILITY ID.:				
2.	. EMISSION SOURCE NUMBER:				SIC CODE:		MSCHD	MSCHD-APC PERMIT ID.:				
3	SOURCE LOCATION	LATITUDE: LC		LON	LONGITUDE:		UTM VE	ERTICAL:		UTM HORIZONTAL:		
4.	TYPE OF PRINTING OPERATION		OGRAPHIC EN PRINTING OFFSET		() PACKAGING ROTOGRAVURE () LETTERPRES () PUBLICATION ROTOGRAVURE () OTHER () WEB-OFFSET (NON-HEATSET)					PRESS		
5.	PRINTER MANUFACTURER	NAME:					UMBER: SERIAL NUMBER:					
		CONSTRUCTION DATE:				MODIFICA	TION DATE:					
		DESCRIBE ANY MODIFICATIONS*:										
6.	DESCRIBE ARTICL	ES PRINTED:	<u> </u>									
7. LIST ALL TYPES OF INKS AND SOLVENTS USED AND ATTACH A MATERIAL SAFETY DATA SHEET (MSDS) FOR EACH. STATEMENT OF THE CHEMICAL COMPOSITION OF EACH. THIS STATEMENT USUALLY MAY BE OBTAINED FROM THE INK OR SOLVENT SUPPLIER. THE MINIMUM INFORMATION REQUIRED ON THE MSDS SHEET IS THE PERCENT OF SOLIDS BY WEIGHT, THE PERCENT VOLATILITY BY WEIGHT, THE HYDROCARBON COMPOSITION AND/OR DESCRIPTION OF THE VOLATILE COMPONENT, AND THE DENSITY OF THE INK OR SOLVENT IN POUNDS PER GALLON. A PERMIT WILL NOT BE ISSUED IF THE MSDS IS NOT SUBMITTED FOR EACH COATING AND THINNER, ADDITIONAL MATERIALS AND DATA MAY BE LISTED IN BLOCK												
	14 OR ON SEPARAT		VIISACE	MO	NTHI	Y USAGE				YEARLY		
NAME OR TYPE OF SOLVENT OR INK		DAILY USAGE (GALLONS OR POUNDS)		(GALLONS OR PO			VOC CO	VOC CONTENT**		MAXIMUM SALLONS OR	DENSITY	
A.	ZVENT OKINK	AVERAGE	MAXIMUM*	AVERA	GE	MAXIMUM*	% BY WEIGHT	LBS/GAL		POUNDS)	(LBS/GAL)	
л.												
B.												
C.												
D.												
THI	THINNING SOLVENT (IF ADDITIONAL SPACE IS NEEDED USE BLOCK 13)											
E.												
CLE	CLEANING SOLVENT (IF ADDITIONAL SPACE IS NEEDED USE BLOCK 13)											
F.												

NOTE: THIS INFORMATION WILL BE USED AS A PERMIT LIMITATION ON CAPACITY. INK APPLICATION EQUIPMENT GENERALLY DETERMINES THE STATUS OF THE SOURCE (NEW OR EXISTING).

** SEE INSTRUCTIONS FOR FURTHER DETAILS. A MATERIAL SAFETY DATA SHEET (MSDS) MUST BE ATTACHED FOR EACH SOLVENT OR INK.

(OVER)

8.	NORMAL OPERATION	HOURS/DAY:	DAYS/W	EEK:	WEEKS/YE	AR:	DAYS/YEAR:				
9.	MAXIMUM OPERATION	HOURS/DAY:	DAYS/W	EEK:	WEEKS/YEAR:		DAYS/YEAR:				
10.	EXHAUST FAN DATA	NUMBER OF FANS:		TOTAL HORS	EPOWER:	TOTA	TOTAL VOLUME (CFM):				
11.	EXHAUST CONTROL (ATTACH COPIES OF MANUFACTURER'S		ON ADSORPTION ERBORNE INKS CY %:	N	DESTRUCT	CINERATION L EFFICIENCY %:					
12.	GUARANTEES) EXHAUST STACK DATA****	DIAMETER (FT)	HEIGHT ABOV		FLOW (CFM)		EMISSION SOURCE NUMBERS AT SHARE THIS VENT				
A.			,								
B.											
C.											
D.											
13.	13. DRYER MANUFACTURER (IF APPLICABLE)*****: MODEL NUMBER:										

^{***} ATTACH A DETAILED DESCRIPTION.

^{****} COMPLETE ONE LINE FOR EACH STACK OR VENT. IF ADDITIONAL SPACE IS NEEDED, USE BLOCK 14.

^{*****} AN APC-2-08 FORM FOR OVENS/DRYERS SHALL ALSO BE SUBMITTED